PART B - FEE(S) TRANSMITTAL

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7590

06/21/2004

OSHA & MAY L.L.P. 1221 MCKINNEY STREET HOUSTON, TX 77010

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(Depositor's name (Signature) (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/782.339	02/13/2001	Masahiko Hirose	04558/048001	7852	

TITLE OF INVENTION: WATER TREATMENT APPARATUS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330		\$300	\$1630	09/21/2004
EXAMINER ART U		ART UNIT	NIT CLASS-SUBCLASS		1	
MENON,	MENON, KRISHNAN S 17			210-321720	•	
CFR 1.363). Change of correspon Address form PTO/SB/ "Fee Address" indica	dence address or indication of "F dence address (or Change of (122) attached. atton (or "Fee Address" Indica or more recent) attached. Us	Correspondence	names of agents OR firm (havin agent) and	nting on the patent front page, up to 3 registered patent a t, alternatively, (2) the name ing as a member a registered the names of up to 2 registor agents. If no name is listenated.	ttorneys or 1 OSHA 8 of a single attorney or 2 ered patent	MAY L.L.P.
	D RESIDENCE DATA TO E			• •••		
PLEASE NOTE: Unlest been previously submit	ss an assignee is identified be ted to the USPTO or is being	low, no assignee data submitted under sepa	a will appea rate cover. (er on the patent. Inclusion of a Completion of this form is NO	ssignee data is only appropri	ate when an assignment h ignment.
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09/13/2004 WASFAW2 00000017 09782339

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#45,079

SEP 0 9 2004 G

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Dated: September 9, 2004 Signature Will H. September 9.

Docket No.: 04558/048001

(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of: Masahiko Hirose et al.

Application No.: 09/782,339

Group Art Unit: 1723

Filed: February 13, 2001

Examiner: Krishnan S. Menon

For: WATER TREATMENT APPARATUS

TRANSMITTAL LETTER

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

Enclosed are the following items for filing in connection with the above-referenced Patent Application:

- 1. Fee Transmittal (1 page);
- 2. Part B Fee(s) Transmittal; and
- 3. Payment by credit card. Form PTO-2038 is attached (1 page). Charge \$1,642.00 to credit card;

Please charge our Credit Card in the amount of \$1,642.00 covering the required fees. Credit Card Payment Form SB-2038, with a signature from an authorized cardholder, is enclosed. The Director is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith (or with any paper hereafter filed in this

Application No.: 09/782,339 Docket No.: 04558/048001

application by this firm) to our Deposit Account No. 50-0591, under Order No. 04558/048001.

A duplicate copy of this paper is enclosed.

Dated: September 9, 2004

Respectfully submitted,

Jonathan P. Osha

Registration No.: 33,986 OSHA & MAY L.L.P.

1221 McKinney St., Suite 2800

Houston, Texas 77010

(713) 228-8600

PTO/SB/17 (10-03)
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CCC TO ANOMITTAL			Complete if Known					
FEE TRANSMITTAL			Application Number 09/782,339-Conf. #78			39-Conf. #7852		
for EV 2004						February 13, 2001		
for FY 2004	Ì				Masahiko Hirose			
Effective 10/01/2003. Patent fees are subject to annual revision.					Krishnan S. Menon			
Applicant claims small entity status. See 37 CFR 1.27				1723				
TOTAL AMOUNT OF PAYMENT (\$) 1.642.00				cket No		04558/04	8001	
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METHOD OF PAYMENT (check all that apply)					CALCUL	ATION (co	ntinuea)	· · · · · · · · · · · · · · · · · · ·
Check X Credit Money Order None 3. ADDITIONAL FEES								
Deposit Account:								
Deposit Account 50-0591	Large	Entity Fee	Small	Entity	-			
Number 30-0551	Code	(\$)	Code	(\$)		Fee Desc	ription	Fee Paid
Deposit Account Osha & May L.L.P.	1051	130	2051	65	Surcharge -	- late filing fe	e or oath	
Name	1052	50	2052	25		- late provisio	nal filing fee or cover	
The Director is authorized to: (check all that apply)					sheet.			
Charge fee(s) indicated below X Credit any overpayments	1053	130	1053	130	Non-English	Ion-English specification		
Charge any additional fee(s) or any underpayment of fee(s)	1812	2,520	1812	2,520	_	r filing a request for ex parte reexamination		
Charge fee(s) indicated below, except for the filing fee	1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action			
to the above-identified deposit account.	1805	1,840*	1805	1,840*	Requesting Examiner as	publication o	f SIR after	
FEE CALCULATION	1251	110	2251	55		ion for reply within first month		
1. BASIC FILING FEE	1252	420	2252	210	Extension fo	or reply within	second month	
Large Entity Small Entity	1253	950	2253	475	Extension for	or reply within	third month	
Fee Fee Fee Fee Fee Description Fee Paid Code (\$) Code (\$)	1254	1,480	2254	740	Extension for	or reply within	fourth month	
1001 770 2001 385 Utility filing fee	1255	2,010	2255	1,005	Extension for	or reply within	fifth month	
1002 340 2002 170 Design filing fee	1401	330	2401	165	Notice of Appeal			
1003 530 2003 265 Plant filing fee	1402 1403	330 290	2402	165 145				-
1004 770 2004 385 Reissue filing fee 1005 160 2005 80 Provisional filing fee	1451		1,510 1451 1,510 Petition to institute a public use proceeding					
		110	2452	55	Petition to revive – unavoidable			
SUBTOTAL (1) (\$) 0.00		1,330	2453	665	Petition to revive - unintentional			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1501	1,330	2501	665	Utility issue	fee (or reissu	16)	1,330.00
Extra Fee from Claims below Fee Paid	1502	480	2502	240	Design issu	e fee		
Total Claims -20** = x =	1503	640	2503	320	Plant issue			
Independent -3** = x = =		130	1460	130	Petitions to	Petitions to the Commissioner		
Multiple Dependent =		50	1807	50	Processing	rocessing fee under 37 CFR 1.17(q)		
Large Entity Small Entity	1806 180 1806 180 Submission of Information Disclosure Stmt							
Fee Fee Fee Fee Fee Fee Pescription	8021	40	8021	40	Recording each patent assignment per property (times number of properties)			
1202 18 2202 9 Claims in excess of 20	1809	770	2809	385	Filing a sub (37 CFR 1.1		final rejection	
1201 86 2201 43 Independent claims in excess of 3	1810	770	2810	385	For each ac	ditional inver		\vdash
1203 290 2203 145 Multiple dependent claim, if not paid 1204 86 2204 43 ** Reissue independent claims	1801	770	2801	385	examined (37CFR 1.129(b))			
over original patent	1802	900	1802	900	Box yest for expedited exemination			
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent	1002	300	1002		of a design		o color; Publication	\vdash
and over original patent	Other	fee (spe	cify)	8001; 1504	fee for early	, voluntary, c		312.00
SUBTOTAL (2) (\$) 0.00	*Padi	uced by	Rasic F		publication Paid	SURTO	TAL (3) (\$)	1,642.00
**or number previously paid, if greater; For Reissues, see above			- GOIO F					.,5 .2.00
SUBMITTED BY						(Complete	(if applicable))	
Name (Print/Type)(Jonathan P. Osha		ration No ey/Agent		,986		Telephone	(713) 228-8600)
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Signature #45,079						Daile	ochiciinei 3, 2	-00-